



Montgomery County Maryland
Department of Permitting Services
(240) 777-6240 Fax (240) 777-6262
<http://permittingervices.montgomerycountymd.gov>



Application for a Reciprocal Electrical License Other Jurisdiction(s)

TYPE OF APPLICATION

☐ Journeyman \$94.00 ☐ Master Limited \$220.00 ☐ Master \$220.00

FOR OFFICE USE ONLY

License No: _____ Check No: _____ Fee Paid: _____

Receipt No: _____ Issue Date: _____ Expiration Date: _____

Approved { }

Disapproved { }

Date

Member, Board of Electrical Examiners,
Montgomery County Maryland

APPLICATIONS THAT ARE NOT COMPLETE WILL BE RETURNED

PART ONE: (Please Print)

Name of Applicant: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

The Electrical Business you are representing in Montgomery County:

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Have you ever had any electrical licenses suspended or revoked? { } Yes { } No

Have you ever been denied the issuance of electrical permits? { } Yes { } No

(If the answer is "yes" for the above questions give the details on a separate sheet of paper)

I hereby apply for a Reciprocal Electrical License from _____ County/City _____

NOTE: ATTACH A SIGNED PHOTOSTATIC COPY OF YOUR CURRENT LICENSE SHOWING THE EXPIRATION DATE AND LICENSE NUMBER. IF MASTER/LIMITED MASTER ELECTRICAL BUSINESS NAME MUST BE ON LICENSE.

PART TWO: To be completed by the Electrical Board or by Licensing Authority in the applicant's jurisdiction.

I hereby certify and attest that (name of applicant) _____
has satisfactorily proven to me to hold a current electrical license of the following classification { } **Master** { } **Limited**
Master { } **Journeyman** which was originally issued on (date) _____ by this jurisdiction as a
license received by: { } **examination** or { } **reciprocation form another jurisdiction**. Examination of our records
indicates no current violations of regulations or current suspension of license against said applicant as of the date of
signing.

Signature of authorized Board Member/Approving Officer

Date

Title and jurisdiction of Board Member/Approving Officer

Telephone Number

"I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE
AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF." I further authorize the release of
any information contained within this application to an authorized representative of the Department of Permitting Services
for further investigation.

Date: _____ Signature of Applicant: _____

***A 10% Automation Enhancement Fee will be added to all fees listed.**